

Check One
THOROUGHBRED
STANDARD BRED
QUARTER HORSE

BROODMARE REGISTRATION APPLICATION

Date _____

Name of Mare _____ color _____ age _____

Sire _____ Dam _____

National Breed Registration Number _____ Tattoo Number _____

Markings: _____

Present location of Broodmare: _____

Breeding Status: Foal at side _____ yes _____ No

In Foal _____ yes _____ No

Expected foaling date: _____

Name and address of owner: _____

_____ Telephone: _____

County: _____ Social Security Number _____

(Signature)

(Date)

Mail application to:

For Office use only:

Iowa Registration Number _____

Issued _____

By _____

Horse Racing Program
Iowa Department of Agriculture
Wallace State Office Building
Des Moines, Iowa 50319
Telephone: (515) 281-7683 or
(515) 281-4103

*****Eligibility for broodmare residency shall be achieved by Meeting at least one of the following rules:**

1. Thirty days' residency until the foal is inspected by a department inspector, if in foal to a Registered Iowa Stallion.
2. Thirty days' residency until the foal is inspected by a department inspector, for broodmares which are bred back to registered Iowa Stallions.
3. Continuous residency from December 31 until the foal is inspected by a department inspector if the mare was bred by other than an Iowa registered stallion and which is not bred back to an Iowa registered stallion.

The one-time broodmare registration will cover the mare her entire productive life as long as there is not a change of ownership (at which time a mare transfer form must be completed) and she meets the aforementioned eligibility rules. **ALL MARES MUST BE REGISTERED PRIOR TO FOALING. MARE AND FOAL MAY NOT LEAVE THE STATE OF IOWA UNTIL INSPECTED BY A DEPARTMENT INSPECTOR. This form must be accompanied by a mare status report form.**

MARE TRANSFER OF OWNERSHIP FORM

Date_____

To be filled out by Seller(s) and/or Buyer(s)

(This form only necessary if mare has been registered with the Horse Breeding Program by previous owner prior to the sale or transfer of the mare.)

I have sold mare named_____Color_____

State Registration Number_____National Breed Registration Number_____

Date of Sale:_____

Sold To:_____

Seller(s)

Buyer(s)

Address

Address

(_____)_____

(_____)_____

Telephone Number

Telephone Number

Social Security Number

Social Security Number

Please enclose the Broodmare Registration Application (Form M-4) and the Mare Status Report (Form M-5) from the new owner and mail it to:

Horse Racing Program
Iowa Department of Agriculture
Wallace State Office Building
Des Moines, IA 50319
Telephone: (515) 281-7683 or
(515) 281-4103
Fax Number: (515)281-8888

Please contact the department for additional forms.